Todd, T. B. F.,

Clarke Co.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. 296 Fr Jackson Co 1897

INVALID SOLDIER'S PENSION.

1898.

Name T. B. F. Todd

County Clarke

Disability wound

Amount, $ 50.00

2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J M T

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I, T. B. F. Todd hereby authorize Hon J M Terrell of Atlanta Ga of to receive and receipt for the pension paid hereon and request that he remit same to me by mail at Athens Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of January 1898.

T B F Todd [L. S.]

Executed in presence of

S M Herrington
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I, T. B. F. Todd hereby authorize Hon J M Terrell of Atlanta Ga of to receive and receipt for the pension paid hereon and request that he remit same to me by mail at Athens Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of January 1898.

T. B. F. Todd [L. S.]

Executed in presence of
S M Herrington
Ordinary

Todd, T. B. F.,
Clarke Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 24 [illegible] 1897

INVALID
SOLDIER'S PENSION.
1898.

Name T. B. F. Todd
County Clarke
Disability Wound
Amount, $ 50.00
2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
J M T

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I, T. B. F. Todd hereby authorize Hon W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by mail at Athens Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of January 1899.

T. B. F. Todd. [L. S.]

Executed in presence of
S M Herrington Ordy

Todd, T. B. F.
Clarke County

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 140

INVALID
SOLDIER'S PENSION.
1899.

Name T. B. F. Todd
County Clarke
Disability
Amount, $ 50.00
~~[illegible]~~ 2/15 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Clarke County.

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ______ day of ______ 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company (H and C, Cobbs Legion cav. of ____th ~~Regiment~~ of Ga Volunteers, Hampton's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1 day of August 1863, he was wounded, ~~injured or diseased as follows:~~

in right groin passing through, injuring and causing a permanent wound as heretofore stated

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of ~~Clarke~~ Jackson county been allowed an invalid pension of fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 1st day of January 1898.

T. B. F. Todd.
POST-OFFICE Athens Ga

S M Herrington Ordinary

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Clarke County.

I, S M Herrington Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 1st day of January 1898.

Affix your seal here.

S M Herrington
Ordinary Clarke County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Clarke County.

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ______ day of ______ 1845; that he enlisted in the military service of the Confederate States (or ~~of the State of~~ ______) during the war between the States, and served as a private in Company C & H, of ____th Regiment of Cobbs Legion C Volunteers, Cobb's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of August 1863, he was wounded, injured or diseased as follows:

He was wounded in right groin, and is yet suffering from said wound as heretofore

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Clarke County been allowed an invalid pension of fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 14 day of Jany 1899.

T. B. F. Todd.
POST-OFFICE Athens Ga

S M Herrington Ordy.

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke County.

I, S M Herrington Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 14 day of Jany 1899.

Affix your seal here

S M Herrington
Ordinary Clarke County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I, T B F Todd hereby authorize Hon W A Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by mail at Athens Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 day of January 1900.

T. B. F. Todd [L. S.]

Executed in presence of

E M Herrington
Ordy

Todd T. B. F
Clarke C.

CODE SECTION 1239.
(For Those Already Enrolled.)

No. 3079

INVALID SOLDIER'S PENSION. 1900.

Name T B F Todd
County Clarke
Disability none
Amount, $ 50.00
Warrant issued Mar 13 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO Wright

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I T. B. F. Todd hereby authorize Hon W. A. Wright Compt Genl. of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to S. B. Wingfield Ordy by mail at Athens Clarke Co Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8 day of Jany 1901.

T. B. F. Todd [L. S.]

Executed in presence of

S. B. Wingfield Ordy

Todd, T. B. F.
Clarke Co

CODE SECTION 1239.
(For Those Already Enrolled.)

No. 3835

DISABLED SOLDIER'S PENSION. 1901.

Name T B F Todd
County Clarke
Disability
Amount, $ 50.00
2/14 1901.

JOHN W. LINDSEY, [redacted]
Commissioner of Pensions.

WARRANT HANDED TO Wright

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Clarke **County.**

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the ____ day of ____ 1846; that he enlisted in the military service of the Confederate States (or of the State of Ga) during H the war between the States, and served as a private in Company H, of ____ th Regiment of Ga Volunteers, Cobbs Legion Cav.'s Brigade; that whilst engaged in such military service in the State of Verginia, on the 1st day of August 1863, he was wounded, injured or diseased as follows:

He was in right groin, the ball passing entirely through that portion of his body as heretofore stated

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Clarke County been allowed an invalid pension of fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 13th day of Jany 1900.
S M Herrington Ordy

T. B. F. Todd
POST OFFICE Athens Ga

Note.—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke **County.**

I, S M Herrington Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 13th day of Jany 1900.

Affix your seal here.

S M Herrington
Ordinary Clarke County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
____ **County.**

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 55 years day of ____ 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of Cobbs Legion th Regiment of Cavalry Volunteers, Hampton's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of August 1863, he was wounded, injured or diseased as follows:

Was wounded by gunshot ball in right groin - right testicle chord injured - passing out left Buttock - Cannot contain my water - have piles - wound running most of time & disabling me from manual labor

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Clarke County been allowed an invalid pension of for many years 50 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 8th day of Jany 1901.
S. B. Wingfield Ordiny

T. B. F. Todd.
Postoffice Athens Ga

Note.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke **County.**

I, S. B. Wingfield Sr. Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 8th day of Jany 1901.

Affix your seal here

S. B. Wingfield Sr.
Ordinary Clarke County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I, T.B.F. Todd hereby authorize Hon W. A. Wright Compt Genl of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to S B Wingfield Ordiny by mail at Athens Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of Jany 1902.

T. B. F. Todd [L. S.]

Executed in presence of

S B Wingfield Ordy

Todd, T. B. F.,
Clarke County.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
Completed

No. 8027

DISABLED
SOLDIER'S PENSION
1902.

Name T. B. F. Todd
County Clarke
Co. N C Regiment Cobb Legion
Disability
Amount, $ 50
2/17 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO W.

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke County.

I, T. B. F. Todd hereby authorize Hon W. A. Wright Compt Genl of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to S B Wingfield by mail at Athens Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of Jany 1903.

T. B. F. Todd [L. S.]

Executed in presence of

S B Wingfield Ordy

Todd, T. B. F.,
Clarke Co

Complete

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2428

DISABLED
SOLDIER'S PENSION
1903.

Name T. B. F. Todd
County Clarke
Co. Co. A. 3rd Ga in 1861 then Comp C & F 1862 Wade Hampton Brigade Regiment
Disability Wound in groin & Bladder
Amount, $ 50 00
2/17 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO Ar

Geo. W. Harrison State Printer, Atlanta

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Clarke County.

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ~~ever since the~~ 57 years day of 18 ; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company H, of Cobb Legion Cavalry th Regiment of Ga Volunteers, Wade Hampton's Brigade; that whilst engaged in such military service in the State of Virginia 2nd Brandy Station, on the 1st day of Augt 1863, he was wounded, injured or diseased as follows:

Ball in right groin — injuring testicle passing through & came out left Buttocks — gives me piles & cannot retain water — abscess constantly running &c —

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Clarke County, been allowed an invalid pension of 50 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 7th day of Jany 1902.
S B Wingfield Ordy

T. B. F. Todd
Post-office Athens Ga

Note.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke County.

I, S B Wingfield Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. & that physically he is unfit for labor & having at his body the marks of [illegible] wounds — enough to get a pension & more than [illegible] ever

Given under my official signature and seal, this 7th day of Jany 1902.

Affix your seal here

S B Wingfield
Ordinary Clarke County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Clarke County.

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ~~ever since the~~ 56 years ~~day of~~ ~~18~~; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Compy ~~B 57 Ga. Infantry Sept 1861~~ then Cobb Legion Cavalry in Company B, of th Regiment ~~Comp B — Wade Hampton Brigade - 1862~~ of Ga Volunteers, Wade Hampton's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of Aug 1863, he was wounded, injured or diseased as follows:

By minnie Ball entering right groin, injuring bladder & passing out ~~right~~ left Buttock — causing piles also — & inability to retain water & disability nervous — by wound running —

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Clarke County, been allowed an invalid pension of fifty (50) Dollars, for the year 1902.

Sworn to and subscribed before me, this the 6th day of Jany 1903.
S B Wingfield

T. B. F. Todd
Post-office Athens Clarke Co. Ga.

Note.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke County.

I, S B Wingfield Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 6th day of Jany 1903.

Affix your seal here

S B Wingfield
Ordinary Clarke County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke COUNTY.

I, T. B. F. Todd hereby authorize Hon Wm A. Wright Compt Genl of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to S. B. Wingfield Ordy by Mail at Athens Clarke Co Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of July 1904.

T. B. F. Todd. [L. S.]

Executed in presence of

S B Wingfield Ordy

Todd, T. B. F.
Clarke Co.

Completed
CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2614

DISABLED
SOLDIER'S PENSION
1904.

Name T. B. F. Todd
County Clark
Co. C & H Cobb Legion Cavaly Regiment
Disability
Amount, $
FEB 24 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO Ordy

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke COUNTY.

I, T. B. F. Todd hereby authorize Hon. W. A. Wright Compt Genl of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to S B Wingfield Ordy by Mail at Athens Clarke Co. Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2d day of Jany 1905.

T. B. F. Todd [L. S.]

Executed in the presence of

S B Wingfield Ordy

Todd, T. B. F.
Clarke Co.

Completed
CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2154

DISABLED
SOLDIER'S PENSION
1905.

Name T. B. F. Todd
County Clarke
Co. C & H Cobbs Legion Cavalry Regiment
Disability Wounded by Minnie Ball right groin
Amount, $ 50
3 21 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO X

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Clarke County.

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1846 or 1847 day of ______ 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company C & H, Cobbs Legion of Cavalry of ____th Ga. Regiment of Wade Hampton's & Young's Brigade Volunteers ______'s Brigade; that whilst engaged in such military service in the State of Virginia, on the 17 day of August 1863, he was wounded, injured or diseased as follows: Wounded in right groin, minnie ball passing through & coming out of left Buttox — injuring bladder & still running sore. — & also suffering from piles effect of war—

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Clarke County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 4th day of Jany 1904.
S B Wingfield Sr. Ordy

T. B. F. Todd.
Post-office Athens Ga.

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke County.

I, S B Wingfield Sr., Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 4th day of Jany 1904.

Affix your Seal here.

S B Wingfield Sr.
Ordinary ______ County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Clarke COUNTY.

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ______ day of 59 years 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a private in Company ____, Comp'y C — of the Cobb Legion Cavalry Ga. of ____th Regiment of ______ Volunteers Young's & Hampton's Brigade; that whilst engaged in such military service in the State of Va., on the 17th day of August 1863, he was wounded, injured or diseased as follows: By Minnie Ball in right groin — passing ischium & bladder. & extracted from left Buttox — & Piles — Wound still exudes—

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of Clarke County, been allowed an invalid pension of ($50) Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 2 day of Jany 1905.
S B Wingfield Ordy

T. B F. Todd.
Post-office Athens Ga.

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
Clarke COUNTY.

I, S B Wingfield, Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd (Better known or [illegible] as "Alphabet Todd") the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 2nd day of Jany 1905.

Affix your Seal here.

S B Wingfield
Ordinary Clarke County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke COUNTY.

I, T. B. F. Todd hereby authorize Hon W. A. Wright Comp Genl of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to S. B. Wingfield Ordy by mail at Athens Georgia

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of Jany 1905 1906.

T. B. F. Todd [L. S.]

Executed in the presence of

S. B. Wingfield Ordy

Todd, T. B. F.
Clarke County
Completed

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 2823

DISABLED SOLDIER'S PENSION 1906.

Name T. B. F. Todd
County Clarke
Co. Co 14. Regiment Cobb Legion Cavalry
Disability Wound in groin
Amount, $ 50.00
MAR 12 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO W

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Clarke COUNTY.

I, T. B. F. Todd, hereby authorize Hon W. A. Wright Comp Genl of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to S. B. Wingfield Sr Ordy by mail at Athens Clarke Co. Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Jany 1907.

T. B. F. Todd. [L. S.]

Executed in presence of

S B Wingfield Sr. Ordy,

Todd, T. B. F.
Clarke Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 385

DISABLED SOLDIER'S PENSION 1907.

Name T. B. F. Todd
County Clarke
Co. H Regiment Cobb Legion Cavalry
Disability Wound left groin, minie ball
Amount, $ 50.00
JAN 22 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Clarke **County.**

Personally appears T. B. F. Todd of Clark County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the over 60 years day of ______ 18__; that he enlisted in the military service of the Confederate States, (or of the State of Ga.) during the war between the States, and served as a private in Company C & H., of Cobb's Legion Cavalry th Regiment of Ga Volunteers ______'s Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of August 1863, he was wounded, injured or diseased as follows:

wounded in right groin by Minnie ball—

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Clarke County, been allowed an invalid pension of Fifty (50.00) Dollars, for the year 1905.

Sworn to and subscribed before me, this the 25th Dec 1905 1st day of Jany 1906.
S B Wingfield Sr. Ordy

T. B. F. Todd
Post-Office Athens Clarke Co. Ga.

Note.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

State of Georgia,
Clark **County.**

I, S B Wingfield Sr., Ordinary of said County do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 1st day of Jany 1906.

S B Wingfield Sr.
Ordinary Clark County.

Affix your seal here

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Clark **County.**

Personally appears T. B. F. Todd of Clarke County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the over 60 years day of ______ 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private Cobb Legion Cavalry in Company [illegible], of ______ th Regiment of Ga Volunteers Cobb Legion Cav'y's Brigade; that whilst engaged in such military service in the State of Virginia (Brandy Station), on the 1st day of August ~~[illegible]~~ 1863, he was wounded, injured or diseased as follows:

Minnie ball entering right groin — extracted from left buttock

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Clark County, been allowed an invalid pension of Fifty $50.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1st day of Jany 1907.
S B Wingfield Sr. Ordy

T. B. F. Todd.
Postoffice Athens. Georgia

Note.—State fully the nature of the wound or character of disease which causes the disability, and *explain particularly* the extent of the disability resulting from the wound or disease.

State of Georgia,
Clarke **County.**

I, S B Wingfield Sr., Ordinary of said County, do certify that I am well acquainted with T. B. F. Todd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 1st day of January 1907.

S B Wingfield Sr.
Ordinary Clarke County.

Affix your seal here

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.